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Editor:

John J. Flanagan, S.J.

Editorial Offices:

1438 So. Grand Blvd.
St. Louis 4, Mo.

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Editor, THE LINACRE QUARTERLY

REV. JOHN J. FLANAGAN, S.J.
1438 So. Grand Blvd.
St. Louis 4, Mo.

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May Catholics Be Psychoanalyzed?

JOHN C. FORD, S.J.

Professor of Moral Theology

Weston College

Weston, Mass.

LAST year Monsignor Pericle Felici, a judge of the Roman Rota and a consultor of the Congregation of the Sacraments, wrote an article in which, though not speaking officially for the Church in any sense, he said some rather severe things about psychoanalysis. For instance, a newspaper quoted one of his statements as follows: "It is difficult, therefore, to excuse from mortal sin anyone who knowing all this, adopts this method of cure (psychoanalysis) and voluntarily subjects himself to this form of treatment." He clarified this later by saying that he referred only to a certain kind of Freudian psychoanalysis, not to psychoanalysis in general.

But it was probably because of the discussion and confusion aroused by this article that the Holy Father, six months later, took up the question of psychoanalysis and made an important statement concerning one aspect of it. The Pope was addressing an International Congress of physicians and spoke to them about various limitations which the moral law puts on scientific research and medical practice. He did not condemn psychoanalysis in general, much less psychiatry in general, but he did find fault with a certain technique of a certain school of psychoanalysis. He spoke of it as "the pansexual method of a certain school of psychoanalysis." Undoubtedly some Freudian practitioners are referred to.

Here are the words of the Pope on this topic in their entirety:

"Here is another example (of a limitation placed on medical practice by the moral law): to get rid of psychic repressions, inhibitions, complexes, man is not free to excite within himself, for therapeutic purposes, each and every one of those appetites of the sexual sphere which stir or are stirred within his being, and roll their impure waves in his unconscious or in his subconscious. He cannot make them the object of his fully conscious imaginings or desires, with all the disturbances and repercussions which such a procedure entails. For a man and for a Christian there exists a law of integrity and purity, of personal self-respect, which forbids plunging oneself so completely into the world of sexual images and inclinations. At this point 'the medical and psychotherapeutic interest' of the patient finds a moral

limitation. It is not established, indeed it is inaccurate to say that the pansexual method of a certain school of psychoanalysis is an indispensable, integral part of all serious psychotherapy worthy of the name; that the fact of having neglected this method in the past has caused serious psychic injuries, mistakes in the theory and practice of education, of psychotherapy, and still more of pastoral care; that it is imperative to fill this gap and to initiate all who are concerned with psychological questions in the leading ideas, and even if necessary in the practical application of this technique of sexuality.

"We speak thus because these assertions are too often made with apodictic assurance. It would be better, in the field of instinctive life, to pay more attention to indirect treatments, and the action of the conscious psychism on the totality of imaginative and affective activity. This technique avoids the above-mentioned deviations. It tends to clarify, to heal, to direct; it influences also the dynamics of sexuality on which so much insistence is made, and which is supposed to be present, or in fact is actually present in the unconscious or the subconscious."*

Why was it necessary for the Holy Father to speak on this topic? Why is there so much talk nowadays about psychiatry and religion? Why is it so often stated or implied that there is some opposition between them? Fifty years ago this was not the case. The "alienist" who treated mental patients, and his method of treating them, caused no particular concern to the clergy. After all, why should psychiatry, the healer of sick minds, be at odds with religion? Is it not in accord with true religious principles and the charity of Christ to do everything we can to heal the sick mind and cure the troubled soul?

The reason why there is apparent opposition and sometimes real opposition between religion and certain schools of psychiatry is this: both the theologian and the psychiatrist are concerned with human nature and human behavior. And some psychiatrists have very different notions from those of Catholic teaching as to the nature of man, his purpose in life, what morality means, and what in the concrete is morally good or morally evil behavior. Where you have two authorities both dealing with the same field—human beings and their human conduct,—and when these two authorities differ radically in their philosophy of human nature and human behavior, it is not strange that at times they come into conflict. And it is not strange either that they misunderstand each other, thus giving rise to seeming conflicts, which closer observation and more accurate understanding will dispel. Some psychiatrists, and in particular some psychoanalysts, do differ radically from Catholic teaching on fundamental points about man and his destiny. When a medical man differs thus it is frequently of no particular importance, because

he is only going to treat the body anyway. But the psychiatrist deals with the mind and the motives and the behavior of his patient.

Psychiatry is the science and the art of healing sick minds. It is a more general term than psychoanalysis, and includes all the different theories and methods of healing sick minds. Psychoanalysis is one type or method of psychiatry. There are various psychoanalytic schools, but all these schools derive originally from Freud and his followers, and all have this at least in common; they attribute to man's unconscious a large, active and dynamic role in his behavior, both normal and abnormal; they use a method of analysis to get at the unconscious; and by means of this analysis try to heal the sick mind, especially in the less severe mental disorders known as neuroses. This method of therapy has become increasingly popular during the last few decades, and even among psychiatrists who would not call themselves analysts the concepts and some of the techniques of psychoanalysis have been found useful and put to work.

The sharper conflicts of modern times have not been between religion and psychiatry in general, but between religion and psychoanalysis in some of its manifestations. The reason is not far to seek. Freud, the founder of psychoanalysis, could refer to religion (and morality, too, for that matter) as a "compulsive neurosis." He had a peculiar genius for rubbing people the wrong way and for getting himself misunderstood. But apart from the misunderstandings, it remains incontrovertibly true that Freud had views of religion, morality, of human nature and human behavior, which are radically opposed to the teachings of religion,—not just the Catholic religion, but to Christianity in general, and to all the Theistic religions of the world. Psychoanalysis was born and nurtured in this atmosphere of hostility to religion; and though much of it nowadays has been purged of what is false and objectionable, it should cause no surprise that men of God and believers in God are still somewhat suspicious.

It will help us to understand this opposition, whether seeming or real, between psychoanalysis and religion, if we consider psychoanalysis at three different levels, and criticize it briefly at each of these levels in the light of Catholic teaching. Strictly speaking, psychoanalysis, as mentioned before, is a method of treatment or therapy. But it has come to have a much larger meaning, to include the psychological theories on which the treatment is based, and even the philosophical views that are characteristic of Freud, I shall say a word therefore, about the philosophy of Freud, about the psychology of psychoanalysis, and about the method of treatment itself.

Freud was a materialist. Not a materialist in the sense that he was a person of no ideals or of low ideals. But a philosophical materialist, that is,

one who believes that there is only one thing in the universe and that one thing is matter. Religion teaches that there are two things in the universe, matter and spirit. God is a spirit. The soul of man is a spirit. For Freud man is not essentially different from the other animals; he has no soul or spirit distinct from the matter of which he is composed; he is merely a more highly organized type of brute matter. Obviously there is a definite and irreconcilable conflict between this philosophy of human nature and the Catholic philosophy. If Freud was a genius, he exercised his genius in exploring those instincts, feelings, and emotions which man shares with the lower animals. A Catholic critic and admirer of Freud puts it this way: "The specific nature of the spiritual values eludes the instrument of investigation which Freud's genius created . . . Freud's work is the most profound analysis that history has ever known of the less human elements in human nature." Whether one agrees with this last judgment or not, the fact remains that Freud was a materialist in the philosophical sense.

Freud was an atheist. Obviously a materialist must be an atheist if he is logical, because the personal God who created the world and governs it by His Providence is a pure spirit. To Freud this God whom we worship is a mere myth and a delusion.

Freud was a determinist. He denied that man has a free will. For him man has no more power of free choice than the brute animals have, and all his actions from the cradle to the grave are determined by forces over which he has no freely chosen control. Determinism is also a natural corollary of materialism. It is only a spiritual being that can be endowed with the power of free choice. Here again there is an absolute conflict with Catholic doctrine, according to which man is really free in some of his choices, and hence morally responsible for them, for better or worse, according as he chooses what is good or what is evil.

Materialism, atheism, determinism do not constitute all of Freud's philosophy of man, but they are a very important part of it, and they naturally result in giving him a view of human nature, human destiny and human behavior which is fundamentally at variance with religious teachings. It is silly and futile to try, as some have done, to reconcile these ideas of Freud, considered at the philosophical level, with Catholic teaching. Similar ideas permeate much psychoanalytical writing, and some of Freud's contemporary followers share his philosophy. But others do not. It is possible to subscribe to much of the psychological theory of psychoanalysis, and to make use of many psychoanalytical techniques, without adhering to materialism, atheism or determinism at all. There are many analysts, among them excellent Catholics, who do so. But the difficulty is *to try to discover ahead of time whether a given psychoanalyst holds these false doctrines, and especially*

whether he allows them to influence his treatment and advice to the sick patient. If men of religion are still somewhat hesitant and suspicious of psychoanalysis, who can blame them? It is not because they are reactionary or obscurantist. The blame lies with Freud, the founder of psychoanalysis, who was openly hostile to organized religion, to the Christian revelation in particular, and to conventional morality most of all.

At the psychological level psychoanalysis deals with the unconscious, its dynamic character, the structure of the personality, the nature of emotional drives and instincts, especially the sex instinct. If we leave aside the question of free will there is not much in all this which comes into clear conflict with Catholic teaching. Much of it has found acceptance among competent Catholics critics; much of it has no bearing on questions of faith and morals. If the theologian were to make a general criticism he would probably say that psychoanalytical psychology seems to him to overemphasize the instinctive, emotional and irrational elements in human nature, not paying sufficient attention to the role of the intellect and the will. This overemphasis is most marked where sex is concerned. On the other hand there is a good deal of truth in the following statement, especially where the emotionally sick are concerned: "Though man may be more reasonable than the psychiatrists believe, he is less so than the philosophers think."

But it is not the part of the moralist and theologian to pass judgment on psychological theories, whether of the school of psychoanalysis or of other schools. This is the work of positive science. Up to the present however, it must be noted, the main psychological theories of the various psychoanalytical schools have by no means found universal acceptance in the scientific world. A large number of psychologists and psychiatrists reject or doubt very seriously many of the fundamental theories of depth psychology, not on religious or moral grounds, but on scientific psychological grounds. Different schools of psychoanalysis dispute among themselves as to the nature of the unconscious, the nature of the fundamental drives that underlie human behavior, the amount of influence or control which the unconscious exercises on man's behavior, the nature and origin of neurosis, and the preferred method of treating it. But other, non-analytical, psychologists criticize vigorously and at times quite bitterly, the very foundations of psychoanalysis and what they consider to be the unscientific methods and apodictical dogmatism of certain psychoanalytical writers.

The third level at which we look at psychoanalysis is the therapeutic level. This is the level of the treatment of the patient as it takes place in the doctor's office. Does Catholic teaching have anything to say about this. In a word: May Catholics be psychoanalyzed?

The most important question to ask about any medical treatment is whether it works or not. If it works, if it cures the patient, it is a good treatment, provided always it does not make use of immoral means to do so. The moral law does transcend every other value, and as the Holy Father pointed out the moral law does at times set limits to medical research and medical practice.

The question whether psychoanalytical treatment works is again a question for medical science to settle. Some medical scientists have a rather poor opinion of it, especially considering how expensive a long analysis is. Dr. Frederic Wertham, a New York psychiatrist, was convinced from his experience with psychoanalysis that eight out of ten psychoanalyses should not have been started and that six out of ten were more harmful than helpful. But others are enthusiastic in the claims they make for successful cures through analytical methods. Psychoanalysis is in its infancy. Time and the scientific method will eventually settle this question of its practical therapeutic value.

Meantime the other question does concern the theologian and moralist. Does psychoanalytical treatment offend against the moral law? Does it make use of immoral means to cure the patient?

Not ordinarily; not as a general rule; and not necessarily,—that is, not because of any universally accepted psychoanalytical principles which necessarily come in conflict with the moral law. I answer the question in this way, basing my answer on what I have been able to discover by reading about psychoanalytical methods of treatment and by discussing with various psychiatrists, psychoanalysts and patients what actually happens to the patient undergoing the treatment.

But there are certain dangers connected with psychoanalytical treatment which the moralist cannot ignore. Undoubtedly it was these dangers, and perhaps a misunderstanding of what psychoanalysis normally involves, that led Monsignor Felici to write as strongly as he did.

Here are some of the moral dangers: First, some psychoanalysts give immoral advice. For instance, they advise a patient to masturbate or fornicate for therapeutic reasons. It is a libel on the profession, however, to say that reputable psychoanalysts advise sexual promiscuity. Psychoanalysts have been much maligned in this regard. One should remember also that psychoanalysts are not the only ones who sometimes advise immoral conduct. Lawyers have been known to do it; doctors and non-analytical psychiatrists have been known to do it. But the danger needs to be specifically pointed out in the case of psychoanalysts because of the character of the sexual theories and materialistic views of morality embraced by many

of them. The way to avoid this danger is to choose an analyst whose principles and practices are known not to offend against Christian morality.

Second, psychoanalytic treatment sometimes involves the patient emotionally to a dangerous degree with the analyst. The phenomenon of "transference" as it is called, is not something necessarily immoral, but it can be dangerous. It is said that Breuer, Freud's first colleague in psychoanalytical method, parted company with Freud, because, among other things, he considered the method improper on this account.

Third, in some cases dangerous moral crises may result from revealing to the patient (or helping him to discover) the unconscious sources of his conduct. His moral world may be turned upside down. The analyst helps him to take his mind apart, but who is to put it together again? The analyst? According to what principles? Ideally the Freudian analyst is a passive bystander. But in practice he is often unable to, or does not, maintain a neutral attitude toward the moral values involved in the patient's behavior, past, present, and future. Despite the theory of the thing, the obvious fact is that one cannot spend endless hours in discussing the most intimate problems of one's life and conduct with another human being who, whether he wants to or not, must stand as a guide and mentor, without being influenced by that other's fundamental beliefs about human behavior and conduct. If his philosophy of human nature and human conduct is false, there is real danger to a greater or lesser degree that it will infect the patient.

Fourth, the technique of free association itself, the most characteristic thing about analytical treatment, is not free from danger in certain cases. In free association the patient is encouraged to talk freely to the analyst, expressing whatever comes into his mind, letting the thoughts run from one thing to another, letting one thought freely lead to or associate with another thought. The purpose is to get at the unconscious source of the neurotic trouble, to expose it to the light of day, on the theory that mere exposure, if achieved in the proper emotional setting, will eliminate the trouble, or at least will set the stage for further treatment and emotional re-education. The technique of free association and the emotional "abreaction" which results from it involves "re-living the emotional experiences of the past." It is also a sort of "day-dreaming aloud." Nothing is to be held back: "No modesty, no shame, no duty of charity, can justify the omission of a fact of consciousness." This method of free association may involve grave danger of consent to unchaste desires and of complacent acquiescence in unchaste sexual fantasies. It sometimes involves bodily excitement of a sexual kind.

In my opinion the Holy Father was speaking of certain abuses of the method of free association, and probably, too, of the phenomenon of abreaction where sexual emotions are involved, in the passage quoted at the beginning of this article.

At any rate we can take it for granted that the Holy Father is not enunciating any new moral principles in his discourse. He is simply applying old principles to a new set of facts. What are the principles? They are at least these three. It is immoral deliberately to indulge the desire of unchaste sexual acts. It is immoral deliberately to acquiesce, as it were complacently, in unchaste sexual fantasies. It is immoral deliberately to excite within oneself, or to acquiesce in, unchaste sexual feelings and emotions. To do any of these things even for therapeutic purposes is forbidden by the moral law. It is not permitted to do evil that good may come of it. To the extent that certain psychoanalysts may make use of such measures, on the grounds that they are of therapeutic value, they are in conflict with Catholic morality, and come under the condemnation of the Papal statement.

It is not at all clear, however, that the method of free association or the phenomenon of abreaction in themselves (or necessarily) involve any of these immoral activities. I confess that I find it difficult to find out exactly what happens in the course of free association, and what exactly abreaction is. Probably these techniques and phenomena differ widely in different patients and in the hands of different analysts. Consequently general statements would be misleading. Therefore I think it is enough to be content at present with the statement that Catholic morality forbids the above-mentioned acts, and that at least these are condemned by the Holy Father, even when their purpose is therapeutic.

This does not mean, however, that sex must not be mentioned in the psychiatric interview, or that the patient, especially one whose troubles are sexual, cannot reveal what is going through his mind to the analyst. It is the *deliberate indulgence* of unchaste sexual desires, fantasies and emotions, and the *deliberate exploitation* of them which is forbidden by moral law. A patient with a bodily ailment might find the doctor's examination a source of troublesome sexual thoughts or of sexual excitement. But he is not forbidden on that account to undergo the examination. These manifestations are not desired; they are not directly intended. His attitude toward them is reluctantly permissive. Likewise the neurotic patient may find the psychoanalytic interview, the process of free association, and the necessity of expressing the sexual content of consciousness a source of temptation and excitement. When this is merely incidental to the treatment it is not necessarily immoral. Even when it is foreseen that this will occur it can

be excused by the necessity which occasions it and the hoped for restoration to sound mental health.

Somewhere here a delicate line needs to be drawn. It is not drawn by the Papal pronouncement. Nor have moralists discussed adequately as yet the moral implications of free association and abreaction. The present brief article merely takes the position that the above-mentioned acts are immoral, that psychoanalytical treatment which makes use of these acts as a means of therapy is immoral, and that psychoanalysis is sometimes morally dangerous to the patient precisely because it sometimes involves the danger of acts of this kind.

Because of these various practical dangers it is impossible to over-emphasize the importance, if one is going to choose an analyst at all, of choosing one whose principles and practices are trustworthy from the moral and religious point of view. I have had the good fortune to work with psychiatrists and psychoanalysts of this kind. I have great respect for them, and have received wonderful cooperation from them when I referred clients to their care. And so the last thing I intend is that this article should be taken as a slap at psychiatry, or that it would discourage those who suffer mentally from getting competent psychiatric care. I believe that cooperation between the Catholic clergy and competent psychiatrists is highly desirable and altogether feasible. I look forward to the time when our respective positions are more clearly understood on both sides, and to a time when there are more and more psychiatrists (psychoanalysts not excluded) whom the clergy can recommend with confidence.

But the question "May Catholics be psychoanalyzed?" could not be properly answered without drawing attention to the distinction between psychiatry and psychoanalysis; between the philosophy of Freud, the psychology of psychoanalysis and the therapeutic methods of psychoanalysis with their attendant dangers. Nor could the question be answered without explaining what I consider to be the meaning of the Pope's statement. It is worth while repeating: He said nothing about psychiatry in general, nor did he condemn psychoanalysis in general. He merely pointed out one method of psychoanalytical treatment which offends against the moral law of nature and of Christianity: "For a man and for a Christian there exists a law of integrity and purity, of personal self-respect, which forbids plunging oneself so completely into the world of sexual images and inclinations."

The answer to the question is this: Catholics may be psychoanalyzed provided the analysis does not make use of immoral means or involve undue

moral dangers. The only practical way to guard against these deviations is to choose an analyst whose principles and practices are known not to offend against Catholic morality.

The above article first appeared in *The Vincentian*, April 1953. In reprinting for LINACRE QUARTERLY, Father Ford has asked that the following be added:

* On April 15, 1953, His Holiness addressed the Fifth International Congress of Psychotherapy and Clinical Psychology in Rome. He referred explicitly to the above excerpt, reiterating it, and discussed the findings of depth psychology, treating the subject with considerable sympathy but definite reserve wherever traditional moral principles are involved.

The Doctor as an Apostle

REV. JOHN F. CRONIN, S.S.

Assistant Director, Department of Social Action

National Catholic Welfare Conference, Washington, D. C.

IT IS a truism that doctors work hard. Most of them feel, with good reason, that they are overworked. In spite of this situation, they are constantly being showered with advice to undertake new studies and projects. Many of these suggestions involve purely professional advancement. There is the need to keep abreast of new discoveries and techniques. Beyond this there is the constant effort to draw the doctor into broader community responsibilities. He may be asked to give talks in schools or before organizations. He receives scores of invitations to serve on committees and to give his time to various welfare projects.

Against such a background, any writer is bound to be timorous in outlining new duties and responsibilities for devoted, but overextended, men and women. Yet the average Catholic doctor must wish to add a distinctive Catholic tone to his profession. He does this frequently enough in a negative fashion. He is careful not to prescribe or assist in practices which are contrary to the moral law. A Catholic physician would not perform a direct abortion or prescribe contraceptives. Such restraint is the only possible course for a Catholic. But the zealous doctor can often find occasions for a more positive form of Catholic Action.

Today there are many chances for a physician to serve his Church in the course of his practice. Often he can do apostolic work in areas which are closed to the clergy. Most of the time this work of zeal will not add to the burdens already besetting the doctor. Catholic Action may consist merely of a word of advice, a direction of inquiry, or a tone of approval or disapproval. Possibly the suggestions he offers may be available from other sources. But, coming from a trusted physician, they have a weight of authority which may make the difference between acceptance and rejection.

It is the very authority of a doctor which gives him unique opportunities for Catholic Action. In the modern world, traditional lines of authority are breaking down. Parents and the home, unfortunately, do not have the influence that they once had. Discipline in the schools is being relaxed. Among some Catholics, at least, the clergy is treated with a certain ambivalence. Sacramental ministrations are sought, but advice or even stern warn-

ing is sometimes disregarded. By contrast, the authority of the doctor has been enhanced, rather than diminished, with the passing of time.

Thus it happens that the doctor may well reach Catholics whom the priest cannot touch. He may run into problems which are never presented in the confessional. He may help prevent evils at an early stage, long before they become hopelessly aggravated. Some concrete examples illustrate this point.

As a first illustration, we might take the sexual side of marriage. Much is being written today about the importance of adjustment in marital relations. It is possible that the importance of the subject has been exaggerated by popular writers. Yet two facts seem clear. This is an important phase of the total pattern of marriage. Maladjustment here may sometimes lead to serious frustration and start a chain of events which may culminate in the breakdown of the marriage. It is likewise clear that many persons need instruction in this field. Otherwise, there is the chance of traumatic experiences which may weaken or even destroy the tender love of the married partners.

The doctor has unique opportunities to give sound advice both to couples who are about to marry and to married persons who find difficulties in marital adjustments. In many communities he is the only available source of authentic information. Parents are often unwilling or unable to instruct their children in these matters. Schools or the clergy may, by default, give generalized sex instructions. It is obvious that they cannot and should not give the detail needed for marriage. Books and pamphlets may be helpful to some degree, but much of the literature in this field would be morally unacceptable to Catholics. But the doctor can speak with authority and assurance.

For sound guidance in this field, however, more than medical knowledge is required. The psychological and emotional aspects of sex relationships are far more important than the physiological. Few young persons of either sex comprehend the emotional pattern of the other sex. Sound teaching along these lines, before marriage, can prevent many heartbreaks. Even when advice is sought after some damage has been done, it is possible to remedy most of the evil.

The doctor with an apostolic mission towards marriage and the home can often take the initiative in uncovering problems. His advice may not be sought on this specific point, but he may sense tension and unhappiness. If the doctor is engaged in Cana or pre-Cana work, his opportunities for service will be further enlarged.

Cases may arise, either in the marital field or in general medicine, in which some form of psychiatric treatment is indicated. Normally the general practitioner does not have the time for such specialized work. He may hesitate to send the patient to specialists, either because of the cost or because of the emotional block which many persons have towards psychiatric treatment. In some cases, he may be able to advise a more limited and less expert counseling which may suffice in uncomplicated situations. He may send the patient to some priest, social worker or marriage counselor who has had success in handling similar cases.

As an illustration of the above, we might consider the matter of alcoholism. The alert general practitioner may detect the warning signs long before they are evident to the patient or the patient's family. Friendly advice or a stern warning, as the situation indicates, may head off a tragedy. Possibly an occasional evening with the local Alcoholics Anonymous may give the doctor contacts who may be available to help a patient. Or the doctor may advise the patient to see some priest or social worker whom he knows to be skilled in helping alcoholics.

The fields of crime, juvenile delinquency, and social maladjustments may seem remote from the practice of most physicians. Yet he is often in a position to observe the causes which lead to later problems. A tense teen-age girl who comes for a treatment for a "case of nerves" may have a very unhappy home life. Her parents may be building tensions which may lead to many evils, ranging from a hasty and impetuous "marriage of escape" to outright delinquency. Some doctors may be able to call in the parents and reason with them. Others may be able to work with a priest or a social worker in meeting the situation.

As a final point, the Catholic physician might well consider the field of medical economics as an apostolic work. Problems connected with the cost of medical service are highly complex. We do not have the space to discuss them here. But it is evident that there are wide ramifications to this subject. Thus, if the cost of having a baby seems prohibitive, there will be economic pressures towards family limitation. Some at least may take the "easy way" of contraception.

It may seem captious, in this area of family automobiles and TV sets, to single out medical costs as a problem in family life. It may well be that, with proper budgeting, a necessity such as medical care could readily be handled by the average family. Possibly an educational campaign for prepayment methods might be the answer. We have such campaigns for life insurance, diet, hygiene, and early detection of such chronic ailments as cancer, heart disease, and tuberculosis. But positive programs for medical

economics often limp along on one cylinder, while the high-powered cars labeled "state medicine" and "status quo" whiz by in a frenzied race.

In summary, the doctor today has the authority and opportunity for a broad work of Christian charity. He already does a great work of mercy in ministering to sick bodies. But he may go further and minister to sick souls. Many times, in this modern world, he alone can help.

At the eighth annual convention of the Catholic Theological Society held in Baltimore the latter part of June, Father Gerald Kelly, S.J. of St. Mary's College, St. Marys, Kansas was given the annual Cardinal Spellman award for outstanding achievement in the field of sacred theology. Father Kelly is an authority on medico-moral problems and a frequent contributor to LINACRE QUARTERLY.

Relations Between the Chaplain and the Hospital Staff

REV. ARMAND J. ROTONDI, M. D.

Superintendent of Hospitals

Diocese of Joliet,

Illinois

(An address given at the 17th Annual Hospital Chaplains' Conference
Catholic Hospital Association Convention, Kansas City, Mo. May, 1953)

IF the functions of a Hospital Chaplain were only those implied by the etymological or literal meaning of the two words, that is, an authorized priest who serves the Chapel in a hospital, the subject of this paper as well as the occasion in connection with which it is presented would be somewhat irrelevant. Some topic on the rubrics of the Mass or other sacred rite at a convention of liturgists might be preferable. But it is generally recognized that the principal function of a Hospital Chaplain is to minister to the spiritual needs of the patient. And we know that in order to be hospitalized, the patient must be under the care of a physician on the staff. It is, therefore, obvious that any discussion which tends to promote better relations between the Chaplain and the medical staff is not only appropriate but also desirable and practical.

BASIS FOR RELATIONS

To have true meaning, the relations between the Hospital Chaplain and the medical staff, like all relationships between human beings, closely joined in a common objective, must be based not merely on a natural sympathy and feeling of fellowship, but on justice and charity.

Justice is the rendering to every man that which is due to him. It is the granting of rights and the acknowledgment of duties. With justice, the strong can live with the weak, the friendless with those blessed with influence and prestige. Justice makes men noble. Indeed, unless a man is just, he is hardly a man.

Charity is a supernatural virtue by which we love God above everything for His own sake and our neighbor as ourselves for God's sake. If any one virtue more than another is emphasized in the pages of the Scriptures, it is the virtue of charity. The parable of the Good Samaritan is not only a

devastating commentary on racial prejudice but an imperious command to love all our fellowmen without distinction. Christ identified Himself with the afflicted of every kind—the poor, the hungry, the naked, the imprisoned, the sick. The services rendered to them constitute the criteria for the final judgment pronounced on our lives: "Whatsoever you have done to My least brethern, you have done unto Me." We love our neighbor in the same manner that we love ourselves when we show our interest for his whole person, body, and soul; in other words, for his spiritual as well as for his temporal welfare.

WHAT THE DOCTORS SHOULD KNOW

The common objective of the doctor and the Chaplain in the hospital is to minister to the physical and spiritual needs of their fellowmen. The former attends to the needs of the body, the latter to the needs of the soul. As long as the doctor recognizes the importance of the spiritual needs of the patient and cooperates with the Chaplain, their relations are bound to be satisfactory.

Unfortunately, such recognition and cooperation is not always obtained. Some doctors, like many other laymen, think that the presence of a priest might worry the seriously ill patient, and therefore, deliberately neglect to tell the nurse to call the Chaplain to administer the Last Rites of the Church until the patient is unconscious. Why should the presence of a priest worry the patient any more than the presence of the doctor? Catholics know that priests have a duty to visit the sick and to administer the Sacraments. They expect priests to visit them. Instead of being worried or frightened, the dangerously-ill patient is usually comforted and says so, if he can talk. The doctor, the intern, and the nurse in charge of a critically ill patient have the grave duty to save his life, if possible, but they also have the grave duty to prepare him for a good death, if his life cannot be saved. Pain-relieving medicines, chemotherapy, the so-called "miracle" drugs, (penicillin, streptomycin, aureomycin, etc.) blood transfusions, delicate surgery and even extraordinary means of prolonging life—the patient has a right to all these; but he also has a right (in justice and charity) to the supernatural aids which, he believes, God, through the Church, puts at his disposal, in this most important crisis of his life. Let us even suppose that the presence of a priest might "frighten" the patient. Is not ascending to the adorable Presence of Almighty God in Heaven a prize well worth the "fright" which the presence of a priest and the mention of the Last Sacraments might cause a dying person? After all is done, that the doctor and a priest can do, the issue must be left to the will of God who gives life and recalls it at the time He sees best.

In order to preclude any misunderstanding, allow me, at this point, to say that I have not the remotest intention of belittling the doctors. I practiced medicine and surgery for eleven years before entering the seminary and, therefore, to belittle any physician would, in a way, be talking against my "former" self. A man who studies in an approved Medical School for four years, serves creditably a year of internship, and then makes of himself a successful physician, has the right to express opinions on physical diseases and methods of treatment. But, when the same individual transfers his prestige and speaks as an authority on matters of theology, or the truths of faith, without having made a special study of these subjects, he is out of order. There would be no apparent conflict between medicine and religion if doctors would remember that physical sciences (of which the science of medicine is one) deal with the nature and properties of things and the so-called laws by which things are governed; whereas religion deals with truths, both of the physical and moral order, which lead man to God. No conflict exists between religious truths and scientific truths; both owe their origin to God, the Author of all truth. Differ as they may in their approach to their respective problems, religion and science, are correlated, not only in their wide outlook on the universal truth, but also in their supreme objective of a right order in human relationships.

MEDICO-MORAL PROBLEMS

As stated above, the common objective of the medical staff and the Chaplain is to minister to the needs of their fellow men who are confined to the hospital. The former attends to the physical needs, the latter to the spiritual needs. The spiritual needs of the patient, however, are not limited to the administration of the Sacraments but extend to any medico-moral problem which may arise.

It is presumed that every doctor on the staff of a Catholic hospital has studied medical ethics and is familiar with the comprehensive *Code of Ethical and Religious Directives* in force in all Catholic hospitals in the United States and Canada. But since at times a physician is likely to encounter a medico-moral problem with which he has no personal experience, he should not hesitate to consult with the Chaplain. This not only may help him to find the correct solution to his problem but may also foster better relations between Chaplain and physician.

The Chaplain is not expected to be an eminent authority on Moral Theology, but in view of his position, he, more than anyone else in the institution, should know the moral principles involved in certain medical or surgical cases. The Sister-Supervisors in Surgery or Obstetrics should notify the Chaplain whenever any medico-moral problem comes to their



Guests at Speakers' Table: (reading from left to right) Rev. Ignatius Cox, S.J., Moderator, Retiring President, FEDERATION OF CATHOLIC PHYSICIANS' GUILDS; His Eminence Cardinal McGowan, Moderator, FEDERATION OF CATHOLIC PHYSICIANS' GUILDS; Raymond G. Cross, M.D., The II



ld; Rev. J. J. Flanagan, S.J., Editor LINACRE QUARTERLY; Wm. P. Chester, M.D.,
 Cardinal Spellman, Archbishop of New York; Rt. Rev. Msgr. Donald A.
 J. Toland, Jr., M.D., President, FEDERATION OF CATHOLIC
 t. Luke SS. Cosmas and Damian, Dublin chapter.

departments. Whenever the Chaplain himself has doubts about the morality of certain newer procedures (if time permits) he should get in touch with the Diocesan Director of Hospitals. When the latter is unavailable, he should contact the Chancellor of the Diocese. Doing this does not mean that the supervising Sisters are ignorant of the problems. It simply helps to keep the Chaplain informed of what is going on in the hospital. If the Chaplain, for reasons of his own, does not want to handle such problems, he should notify Sister Superior.

Since some doctors on the staff, either by reason of their limited practice, or other circumstances, very seldom meet medico-moral problems, they are likely to forget the moral principles involved. To keep informed, it would be well if they attended at least one staff meeting a year devoted to the discussion of medico-moral subjects, such as Caesarean Hysterectomy, Castration for Breast Carcinoma, Vasectomy with Prostatectomy, Moral Aspects of Sterility Tests and Artificial Insemination, Lobotomy, etc., The speaker at such meetings could be the Chaplain himself, or the Diocesan Director, or a competent priest selected by either. The knowledge derived from such discussions would be beneficial to all. Further, it would serve as one of the best approaches to staff members who desire knowledge concerning questionable procedures. Those who might feel that they are being forced to conform to specifically Catholic views, when they and the patients under treatment are not Catholic, must realize that the observance of the ethical and religious directives involved in certain cases are a matter of conscience—a seriously binding duty — which the Catholic hospital authorities assume, at least implicitly, with their office. The Sisters in charge of a Catholic hospital have the duty to make their hospital approximate the definition of the ideal Catholic hospital and not merely a hospital with a Catholic complexion. To achieve this, they cannot tolerate any defection.

WHAT THE CHAPLAIN SHOULD AVOID

The fostering of friendly relations between the hospital staff and the Chaplain does not mean that the latter need visit the doctors' homes, play golf with them or spend time in their summer cottages or their mansions along the lake. Doctors, like people in other professions, are not immune from feelings of professional jealousy. Such close association between one or even several members of the staff is not prudent, and, sooner or later, will invite criticism on the part of the other members of the staff with less lucrative practices. Even if, by a happy coincidence, the Chaplain was a schoolmate or neighbor of the doctor during boyhood years, their relationship should not be any closer than with other members of the staff. It is no news to the Chaplain who keeps informed of what is going on in the

hospital, that among doctors there are cliques. This is especially true in recent years when, as a result of the excessive trend to specialization and the establishment of specialty boards in every field of medicine, only a comparatively few doctors on the staff are permitted to perform major surgery in large city hospitals. General practitioners, many of whom heretofore have done good surgery and helped maintain the hospital's existence, now either must refer their major operations to one of the men on the senior surgical staff, or lose the case. In other words, they have to put up with it. Obviously, this has created a serious problem, not only for most general practitioners, but also for the hospital authorities upon whom this ruling has been imposed by the American College of Surgeons, under penalty of losing their approval. In connection with this problem, some Catholic doctors on the staff, affected by the above ruling, occasionally have recourse to the Chaplain to see whether he can influence the hospital authorities in their behalf. Realizing the futility of such entreaty, no prudent Chaplain would do it, even if the doctor in question were an old friend or relative.

Among other things which the Chaplain should avoid in order to keep his relations with the staff harmonious are: discussions about the exorbitant fees charged by some surgeons, needless operations that are sometimes performed, comments on the morality of fee-splitting and/or ghost-surgery in certain hospitals, largely around cities. Recently the above mentioned practices received much publicity following the appearance of an article in the *U. S. News and World Report Magazine* by Dr. Paul R. Hawley, Director of the American College of Surgeons. In some States efforts are being made to introduce a bill in the state legislature to prohibit fee-splitting between physicians and surgeons, under penalty of revocation of the license to practice medicine from one to two years, upon being found guilty. Naturally, everyone deplores needless operations, ghost-surgery and exorbitant fees. Fee-splitting however, is still quite a controversial subject even when it is no secret to the patient.

ATTENDANCE AT STAFF MEETINGS

The question has often been asked: "Should the Chaplain attend the staff meetings?" When a priest is assigned as Chaplain to a hospital, the authorities of the institution should see to it that, as early as possible, he is introduced to the staff at one of its meetings. Subsequent attendance at the meetings by the Chaplain would, in my opinion, be optional. It would depend on how many doctors are on the staff, whether the Sister Administrator and/or some other Sisters also attend regularly, the nature of the subject discussed, etc.

One staff meeting which the Chaplain should attend, if he wishes, is

the so-called regular business meeting in which are discussed miscellaneous problems and policies pertaining to the staff. At this meeting the Sister Administrator and several other nuns are usually present and, therefore, the Chaplain would not feel out of place. In approved or non-approved hospitals of the American College of Surgeons in which staff meetings are held only once, or at most twice a month, the various problems pertaining to the hospital and staff are discussed before the presentation of the scientific paper. It would also be a good thing for the Chaplain to attend staff meetings in which nervous and mental diseases are discussed. A few years ago I happened to attend one such meeting and the paper was on epilepsy. In relating the history and incidence of the disease, the speaker, a non-Catholic psychiatrist, stated that among men of renown who had been afflicted with epilepsy was St. Paul. In other words, he called St. Paul's fall on the road to Damascus, from which followed his conversion to Christianity, an epileptic seizure. At the end of the talk when the chairman of the meeting asked for discussion and comments, not one doctor in the audience, most of whom were Catholics, had realized what an erroneous and offensive assertion the speaker had made against our Catholic teachings about St. Paul's conversion. Then I got up and very emphatically called their attention to it. No one is forcing non-Catholic doctors to believe any of our Catholic teachings, but when such doctors are extended the privilege and honor to address the staff of a Catholic hospital, they should guard against any statement which is likely to be derogatory to Catholic faith and morals. The Chaplain who wishes to attend staff meetings should have no voice in them except when the discussion involves matters of faith and morals. Chaplains in mental hospitals should not try to infringe upon the role of the psychiatrist in treating mental illness. However, when the mental condition is the result of feelings of guilt or problems of conscience, the Chaplain can help the psychiatrist by creating a stable attitude on the part of the patient, and by giving him a frame of reference for the reconstruction of his life. Of course, if the psychiatrist is materialistic and does not subscribe to the fact that man is composed of body and soul, he will shun such help; fortunately, most psychiatrists agree that in order to cure patients, they need religion and a strong moral code and, therefore, welcome the help of a priest as a religious adviser.

SHOULD THE DOCTOR OR THE CHAPLAIN TELL THE PATIENT THAT HE HAS CANCER ?

The discussion of the above question is included in this paper by request. Despite monumental efforts to stress hope and emphasize successful results

for cancer patients, most lay persons still regard a diagnosis of cancer as a death sentence.

Obviously it is the doctor's duty to tell the patient that he has cancer; but whether he, or some responsible person authorized by him, (which could include the Chaplain) is obliged to tell the patient the malignant nature of his disease, depends on whether the cancer is in an early or advanced stage. If the disease is in an early, operable stage, the doctor should prevent temporizing or half measures by warning the patient that unless he submits to radical surgery or extensive radiation, his lesion "will become" malignant. If the disease is already far advanced or has recurred notwithstanding previous radical surgery, and/or radiation, it is best not to mention the word cancer or malignancy in the presence of the patient.

In 1949 I attended a symposium sponsored by the Department of Cancer Research of Marquette University School of Medicine. The discussion included not only the moral but the legal and psychiatric aspects of this problem, also. The lawyer (Mr. Herbert Hirschboeck) stated that a doctor could be held legally liable if the patient suffered material damage as a result of the doctor's failure to inform him of the malignant nature of his disease. The psychiatrist (Dr. James Purtell) pointed out that the very word cancer fills many people with dread, and in telling the patient that he has cancer the doctor might precipitate in him an unfavorable psychological reaction. The theologian (Father Gerald Kelly, S. J.) stressed the right and duty to prepare the patient for the solemn moment of death and the spiritual damage which might result from failure to inform the patient of his serious condition. The three participants in that symposium were familiar with the duties of the Chaplain in a Catholic hospital, and none of them, as far as I remember, even alluded to him. I took it to mean that it was their opinion, with which I concur, that it is not proper for the Chaplain, no matter how capable he may be in his approach to the sick, to be the first to tell the patient, with inoperable or recurrent cancer, the nature of his disease, unless the attending physician asks him to do so. Some doctors think (and correctly so) that certain Catholic and other religious patients will accept the diagnosis of cancer with less emotional reaction if the Chaplain tells it to them. When the patient is aware, or has been told by the doctor, that he has cancer and as a result becomes extremely depressed, the Chaplain should comfort him and try to restore or impart faith and hope whenever he visits the patient. Anyhow, it is the general consensus of opinion that to inform the patient of the seriousness of his illness, so that he can prepare for death, does not necessarily imply that the doctor, or other responsible person (including the Chaplain), is obliged to tell him the precise nature of his malady.

Apropos to this problem, I should like to quote from an article entitled: "Telling the Patient the Truth" by Lawrence J. Henderson in which he expresses the humanist's point of view: "To speak of telling the truth, the whole truth and nothing but the truth to the patient is absurd. Like absurdity in mathematics, it is absurd simply because it is impossible . . . Consider the statement: 'This is a carcinoma,' assuming it to be as trustworthy a diagnosis as we ever reach . . . If he knows that carcinoma means cancer, it is quite certain that circulatory and respiratory changes and other very intricate changes in the central and peripheral nervous system will follow . . . If you recognize a duty of 'telling the truth to the patient,' you range yourself outside the class of biologists with lawyers and philosophers. The notion that the truth, the whole truth, and nothing but the truth can be conveyed to the patient is a good specimen of that class of fallacies called by Whitehead (English mathematician and philosopher) 'the fallacy of misplaced concreteness.' It results from neglecting factors that cannot be excluded from the concrete situation and that are of an order of magnitude and relevancy that make it imperative to consider them. Of course, another fallacy is also often involved, the belief that diagnosis and prognosis are more certain than they are . . . I am not saying that you should always, or in general, or frequently lie to your patients, for I believe that a physician's integrity is a priceless possession . . . It is quite impossible in some cases, as I have explained, to tell the truth, the whole truth, and nothing but the truth to the patient, to talk about doing so is simply meaningless. Surely this does not relieve the physician of his moral responsibility. On the contrary, as we more clearly perceive the immense complexity of the phenomena, our appreciation of the difficulty of the task increases and with it our moral responsibility."¹

OTHER MEANS OF FOSTERING BETTER RELATIONS

One of the best means to foster better relations between the Chaplain and the medical staff, or at least the Catholic doctors on the staff, would be the establishment of a Catholic Physicians' Guild in as many Dioceses as feasible. Although the Chaplain would have little or no connection with the Guild, unless the Bishop had officially appointed him as its Moderator, the spiritual influence of an active Guild upon its members would not fail to bring good results, even among those with mere nominal faith. The existence of a Catholic Physicians' Guild in no way constitutes any violation of professional etiquette.

A Physicians' Guild with a library of works dealing with the application of medical science to Catholic theology, philosophy and apologetics would not merely be of great value to Catholics, but would most certainly interest

many non-Catholic doctors who are eager to correlate their science with wider principles of human conduct. Never was the organization of Catholic doctors more necessary in the name of religion and science alike. Never was it more necessary to raise a bulwark against the irresponsible pseudo-scientists who would drag science from its orbit in their attempt to sweep away the principles of religion and morality.

In a discourse on the connection between theology and science, the great churchman and scholar Cardinal Newman said: "There cannot be a worse calamity to a Catholic people than to have its medical attendants alien or hostile to Catholicity; there cannot be a greater blessing than when they are intelligent Catholics who acknowledge the claims of religious duty, and the subordination and limits of their functions. No condition, no age of human life, can dispense with the presence of the doctor and the surgeon; he is the companion, for good or for evil, of the daily ministrations of religion, its most valuable support or its most grievous embarrassment as he professes or ignores its creed."²

When repeated attempts at organizing a Catholic Physicians' Guild have failed, consideration should be given to the participation by the doctors in some other form of Catholic Action, especially the Retreat Movement. Even if only one or two doctors from every Catholic hospital staff could be induced to make a yearly Retreat especially for them, it would be immeasurably beneficial. Indeed those who make a Retreat are very few compared with the large number of Catholic doctors in the United States. But knowing from experience how difficult it is to organize medical men for Catholic Action, it would be an accomplishment even if only one doctor from every Catholic hospital made a yearly Retreat.

In his personal contacts with doctors not of our Faith, the Chaplain should seize upon what is true in their religious beliefs and seek to lead them further, rather than put them on the defensive by direct attack. People are brought to Christ by that which is good and true in what they already hold and rarely by being shown where they are wrong. This point applies particularly to Chaplains in city, state, or veterans' hospitals and in Catholic hospitals in which the majority of the members on the staff are non-Catholics.

The more the Chaplain imitates Christ the Supreme High Priest and Model of all Chaplains, the more good he will accomplish among his daily associates. The Chaplain who fulfills his priestly duties well, who, as it were, is a priest to his fingertips, need not worry about his relations with the medical staff. Some doctors may have erroneous opinions of priests, yet they cannot help being favorably impressed and edified, when they see a Chaplain spread Christ's love in a world which continues on the deadly

paths of hatred. Situations arise, are bound to arise, which have no precedent. Only our faith, our common sense, and our prayer can guide us. There are bound to be mistakes. The Chaplain, like everybody else must learn from experience, his own and that of others. If he does this, then not only his relations with the staff will be harmonious but the spiritual ideals and religious practices which Christ expects of institutions operated in His name will be realized in every Catholic hospital.

SUMMARY

1. The true basis for relations between the Chaplain and the hospital staff are justice and charity.
2. Doctors should not pretend authoritative knowledge on matters of faith and morals unless they have made a special study of them.
3. When in doubt about certain medico-moral problems, the doctors should consult the Chaplain.
4. The Chaplain should avoid any discussion which the patients or the hospital personnel is likely to construe as critical or unfavorable to the doctors' professional, economic or social standing, even when fortunately there are no such doctors on the staff of the hospital in which he is Chaplain.
5. The Chaplain's attendance at the staff meetings is optional. It is desirable when psychiatric topics are discussed.
6. The problem of notifying the patient who has cancer varies with individual cases and defies general rules.
7. A Catholic Physicians' Guild or some other form of Catholic Action would undoubtedly help bring about better relations between the Chaplain and the hospital staff.

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Fertility Control and the Moral Law

JOHN J. LYNCH, S. J.

Professor of Moral Theology

Weston College

Weston, Mass.

IT is certainly no secret, even outside the medical profession, that serious experiments are currently being conducted in the field of human fertility control. Although final success does not seem yet to have been achieved, the eventual perfecting of contraceptives in the form of pills, serums, and the like, would appear even now to be a mere matter of time and scientific ingenuity. And granted even that degree of reality for such antifertility techniques, it is not too early to make a moral evaluation of the various methods envisioned for regulating human reproduction.

The professional moralist would scarcely hesitate before condemning outright any process whereby human fertility is artificially controlled. However the methods now under experiment are perhaps sufficiently novel to justify a restatement, in terms of this precise problem, of familiar moral principles which the conscientious Catholic physician holds in habitual respect, and which demand on our part an uncompromisingly adverse attitude towards these latest aspirations of the contraceptionists. And merely to concretize those abstract principles, let us assume as clinically practical the method described recently by Dr. Benjamin Sieve of Boston, who claims rather spectacular success with phosphorylated hesperidin as an antifertility factor¹. The actual validity of the doctor's claims is irrelevant to our purpose. Even as mere theory or hypothesis, his method can serve as a typical example of fertility control—and the moralist's appraisal of that technique will likewise apply to any and all variations of artificially induced sterility.

Dr. Sieve proposed to induce temporary sterility by impregnating the ova of the female, the spermatozoa of the male, and the surrounding interstitial fluids with an hesperidin derivative which would form a viscous barrier around the ovum and thus render it immune to the penetrative properties of spermatozoa. The most soluble form of hesperidin, which could be administered either orally or intravenously, proved to be a phosphorylated compound; and because oral administration would obviously be the more

convenient for general use, the tablet form of that derivative was selected for experimental purposes.

As the result of a rather extensive experiment on some 300 married couples, Dr. Sieve offered several tentative conclusions, subject to ultimate substantiation by further tests. It would appear, first of all, that the drug can be taken over an indefinite period without toxic effects and without danger of permanent sterility. Before antifertility action can be assured, the medication must be taken by both partners for ten consecutive days, and thereafter continued by both at the prescribed daily dose for as long as sterility is desired. Fertility can allegedly be restored within 48 hours merely by discontinuing medication; but again to induce certain infertility, the 10-day conditioning process must be repeated.

The experiment also indicated that the drug is most effective if administered with each of the daily three meals; a fourth dose at bedtime was recommended in some cases. The purpose of regular dosage at frequent intervals was to maintain a fairly constant level of blood saturation, said to be a most pertinent factor in the effective use of this procedure. Daily requirements were calculated in proportion to individual weight level, specifically 5 mg. of phosphorylated hesperidin for each kilogram (2.2 lbs.) of body weight, plus an extra allowance to insure against faulty absorption and excess elimination. Thus a subject weighing 150 lbs. (68 kg.) would require a daily dosage of about 500 mg., and would be advised to consume two 100 mg. tablets at both the morning and evening meal, and one such tablet at mid-day. Dr. Sieve's report of this experiment claims 100% efficiency for the hesperidin diet as an agent of fertility control, and further alleges that, after abandoning the diet, 220 wives conceived within three months.

It is the prerogative of medical science to judge the validity of these or similar claims. They are cited here merely by way of example of the fertility-control methods which may yet be offered the public. Whatever specific method may eventually be perfected, its function will designedly be to induce temporary sterility according to individual preference—and it is that intention and effect which betray fertility control as morally reprehensible.

BASIC REASON FOR CONDEMNATION

By way of point of departure to a moral condemnation of fertility control, perhaps none is more appropriate than the familiar excerpt from the encyclical "*Casti connubii*." In the words of Pius XI:

"Christian doctrine establishes, and the light of human reason

makes it clear, that private individuals have no other power over their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body."

(*Encyclical on Marriage*, America Press Edition, pp. 21-22.)

Thus is expressed, authoritatively for us, the undeniable philosophical truth that, as beings who owe their total existence to the creative act of God, we can claim no more than an imperfect right of dominion over our lives and bodies, over which we may and must exercise an ordinate power of *use*, but of whose *substance*, total or partial, we may not licitly dispose at will. In other words, we are stewards only, and not proprietors, of our bodies and their members. As stewards therefore we must respect the exclusive right of God over bodily integrity, guarding as His, and not as our own, the members and faculties with which we have been entrusted. Only if and when it is necessary in order to safeguard the integral whole (which is of superior importance in relation to its parts), may we sacrifice an individual member or faculty—and in so doing we act merely as responsible caretakers of the inviolable property of another.

It is from that basic fact of God's exclusive perfect dominion over the bodily members of human creatures that the generic prohibition against corporal mutilation emerges. And upon the principle of the essential subordination of integral part to whole is based the exceptive clause which permits, or on occasion commands, bodily mutilation whenever it is reasonably necessary to sacrifice a member for the preservation of total life or substantial health.

CONCEPT OF MUTILATION

Mutilation in this context should not be totally identified with amputation, excision, or external disfigurement. In its strictest technical sense, the term "mutilation" denotes *any action whereby an organic function or the characteristic activity of a corporal member is suppressed or notably diminished*.² Somewhat distinct from this concept (though some theologians legitimately consider it a minor species of mutilation) is the notion of "vulneratio" (wounding), which implies an infliction of bodily harm which does not, however, destroy or even notably handicap an organic function or corporal member. With due regard for parvity of matter, this latter activity is, of course, no less opposed to the precepts of the fifth commandment; but it is well to note the possible distinction, if only to focus attention on the

essential note of strict mutilation, viz., suppression or notable diminution of an organic function or of the characteristic activity of a bodily member.

Thus, for example, no one would hesitate to condemn the needless amputation of a leg, whereby a substantial bodily member is destroyed; nor an addiction to drugs which notably impair, perhaps entirely destroy, the exercise of the rational faculties of intellect and will; nor even serious and unnecessary physical disfigurement which, though perhaps not mutilation in the strictest sense of the first two cases, does constitute grave bodily harm. On the other hand, to pierce milady's ear lobes, or mercenarily to sell a pint of one's blood, would be neither mutilation nor, in itself, injury serious enough to warrant the accusation of sin.

The point to be insisted upon is this: mutilation is not entirely synonymous with damage inflicted by surgical means, but looks primarily to the suppression or substantial diminution—bloodless and painless though it be—of any organic function proper to man. For unnecessarily to mar the integral perfection of the God-given and “God-owned” organism which is entrusted to each individual in his body, is to usurp authority which is exclusively divine. And one need not amputate limbs nor excise internal organs in order so to impair bodily integrity.

DIRECT STERILIZATION IS ILLICIT MUTILATION

Unique among species of mutilation is that which affects the generative faculty in such a way as to render one incapable of procreation, and which is commonly designated as sterilization. That it does constitute mutilation is inescapably evident from the very definition; for to deprive oneself of procreative power is to suppress a major organic function and thus to diminish substantially bodily integrity. That it is unique in the category of mutilations is no less evident from the essentially social nature of the procreative function, i. e. from the fact that men are endowed with generative ability, not primarily for their personal benefit, but for the good of the very species. Hence, regardless of methods employed or reasons alleged, *directly* to suppress this faculty is totally beyond the range of those limited rights communicated to individuals by natural law. In other words, we can never *directly* interfere with the human generative faculty because, as an essentially social function, its natural subordination of part to whole says primary and direct respect not to the human individual, but to human society.

Thus it was by no means novel doctrine which the Holy Office proposed when in answer to the question, “Whether the *direct* sterilization of man or woman, *either perpetual or temporary*, is licit” (italics added), that Sacred Congregation in 1940 replied: “In the negative; it is forbidden by the law of

nature...".³ And though scalpel and cautery and roentgen ray may yet yield to the sugar-coated pill, that ecclesiastical emphasis of natural law remains unchanged, as does also the definition of direct sterilization.

FERTILITY CONTROL IS DIRECT STERILIZATION

Much has been written by moralists on the lawfulness of various medical and surgical procedures whose effect is two-fold, viz., the preservation of the life or substantial health of a patient, together with subsequent sterility. Those cases all admit of valid application of the familiar principle of double effect, and thus exemplify the more specific principle that under certain precise conditions *indirect* sterilization is not illicit.⁴ But no such exception can be admitted for any instance of *direct* sterilization, which term comprises every interference with the generative function wherein sterility itself, either perpetual or temporary, is intended either as an end in itself or as a means to a further end. And if the sole effect of a particular therapy is to induce sterility, it cannot logically be maintained that that effect is not directly intended. The elemental principle of sufficient reason still obtains.

Hence in the light of currently available data regarding proposed methods of fertility control, it is simply impossible to justify their use as an instance of double effect. There just is no second effect involved. The sole intrinsic purpose (*finis operis*) of such therapy is contraceptive, and no other direct effect, which could be admitted as licit, has yet been seriously alleged⁵. If competent and conscientious physicians should ever discover any genuine therapeutic value that would constitute a legitimate second result directly imputable to antifertility pills or serums, then that will be the time to consider the possibility of indirect sterilization. But as of now, we must in honesty admit that the only intrinsic purpose to be admitted for fertility-control methods is temporary sterility, a direct effect which has been emphatically condemned by Church authority as contrary to natural law.

Furthermore, even on the supposition that a legitimate purpose should eventually be found for such therapy, its use would still be subject to the rigid test of the several conditions which must be verified before the principle of double effect is applicable. Of supreme importance among those requirements is that the agent's intention likewise be licit; specifically in this matter, that the subject undertaking such diet or treatment *not intend its concomitant sterilizing effect*. How many of the men and women, anxiously awaiting the day when antifertility pills will be available at the corner drugstore, can sincerely say that the purpose of their diet would not then be contraceptive? Intended—as in reality it would be—to induce

temporary sterility in order to avoid conception, the action would even then be sinful for them by reason of that sinful direct intent.

Hence, fertility control, as it is presently envisioned, derives its initial and essential malice from its opposition to the fifth commandment in its precept against that form of self-mutilation known as direct sterilization. Far from confounding Catholic morality, as one prominent educator has already implied that they would, these antifertility techniques are patently at odds with elemental moral principles.

* * * * *

REFERENCES

1. Cf. "A New Antifertility Factor" in *Science*, Oct. 10, 1952 (pp. 373-85), a preliminary report from which the following clinical data have been extracted. For one rather skeptical reaction to the doctor's report, see the newsweekly *Time*, Oct. 20, 1952, pp. 85-87.
2. Theologians, it is true, are not unanimously agreed as to the precise extension to be accorded the concept of mutilation. However, as Fr. B. J. Cunningham, C. M., demonstrates in the *Morality of Organic Transplantation* (Washington, D. C.: Catholic University of America Press, 1944, pp. 1-17), modern authors, keeping pace with advanced medical and surgical methods, are generally agreed that the elements included in the above definition represent the minimum essentials for an adequate definition of grave mutilation in the theological sense of that term.
3. *Acta Apostolicae Sedis*, 32 (1940), p. 73.
4. For an excellent exposition of the principle of double effect, cf. Fr. Gerald Kelly, S. J., *Medico-Moral Problems*, I, pp. 11-13. Two other articles in this same volume concern the application of this principle to therapies which result in sterility: "Suppression of Ovarian Function to Prevent Metastasis," pp. 21-24; "Orchidectomy for Carcinoma of Prostate," pp. 25-29. (The Catholic Hospital Assn., 1438 So. Grand Blvd., St. Louis 4, Mo.)
5. Dr. Sieve in his report mentions 3 couples who, prior to the hesperidin diet, had experienced a long period of questionable sterility, and who after terminating the diet required but one menstrual cycle before impregnation. The doctor's own conclusion: "Apparently some correction may have occurred, which suggests the possibility that phosphorylated hesperidin may possess fertility-stimulating, as well as antifertility, activity. However, further study is essential before a definite explanation can be elicited." o. c., p. 384.

INVOCATION DELIVERED BY CARDINAL FOR AMERICAN MEDICAL ASSOCIATION

The following invocation was given by His Eminence Francis Cardinal Spellman, Archbishop of New York, at the inaugural convocation of the American Medical Association in the Hotel Commodore, Manhattan, on Tuesday, June 2:

O God of Science!
Bless Thy servants
Foregathered in Thy presence,
Thy servants of science
Dedicated to service
In the cause of healing.
Bless them with light,
The light from Thy mind
In their search and research
Into regions of mysteries
Of laws and functions
Of the human body,
So wonderfully ordered
Under the rhythm of health,
So fearfully disordered
Under the discord of disease.
Grant them Thy light
To see by Thy light
And work by Thy light,
True servants of Thy science.

O God of Science!
All science is in Thee,
All science is from Thee,
All science is for Thee,
For Thee and Thy glory.
Thou it was, O God of Power
Who fashioned the universe,
Stocking it with energies
From plant to planet.
Thou it was, O God of Wisdom

Who framed the laws
Controlling the energies
In cell and atom.
Guide the servants of Thy science
To use the skills of knowledge
For humanity's help.
Guard the servants of Thy science
From misusing the uses of
knowledge
To humanity's hurt.
Man's happiness is Thy glory.

God of Science!
Grant Thy servants of science
That they magnify Thy glory
Through alleviation of pain.
Bless them with zeal
And unflagging devotion
To meet the challenge
Of life's great mysteries:
The mystery of human illness.
The mystery of human health.
Bless them with knowledge
And abiding love,
The love that knows no fear,
The love that brooks no barriers,
The love that bears in patience.
Bless them with love,
The love from Thine own heart
To love the service of science
And the science of service,

Amen.

Addressing the Catholic doctors and friends who attended the annual luncheon sponsored by The Federation of Catholic Physicians' Guilds, on Wednesday June 3, Cardinal Spellman exhorted the doctors to place their reliance on God. "With this motivation," he said, "knowledge and skill can be brought into proper prospective and focused to bring about the greatest good for the physician and the community."

Guild Notes

THE FEDERATION WELCOMES two more Guilds to membership. Application for affiliation was received and accepted on June 15, 1953, from the Catholic Physicians' Guild of St. Damian, Dallas, Texas. Officers of the Guild are: President, J. B. Murphy, M. D.; Vice-President, F. T. Harrington, M. D.; Secretary, L. S. Smith, M. D., and Treasurer, O. F. Bush, M. D. Rt. Rev. Msgr. William F. O'Brien is Chaplain of this group.

The activities of the Guild of St. Damian of Dallas are a balanced program of meetings, retreats and communion breakfasts to stimulate the interest of the members in medical-moral problems.

Likewise, affiliation of the LACROSSE, WISCONSIN GUILD is reported. Application was accepted on July 16. Robert E. McMahon, M.D. is President; John J. Sevenants, M.D., is Secretary-Treasurer, and Rev. Raymond F. Halker, C.P.P.S. is Spiritual Director.

Best wishes are extended for important accomplishments and may growth be reported each year.

THE CATHOLIC PHYSICIANS' GUILD OF BRITISH COLUMBIA has been organized. Vancouver is the city of this activity. It is hoped that this group will become affiliated with the Federation soon. Officers are: J. R. O'Donnell, M. D., President; O. Kirby, M. D., Vice-President; H. E. St. Louis, M. D., Secretary; D. Steele, M. D., Treasurer, and Drs. C. Mackenzie, C. Coady, and A. Rader, membership-at-large. Dr. Rader will represent the Dental profession. Rev. J. A. Leahy, S. J. is Chaplain for the group.

THE NEW ORLEANS GUILD has sent to the Central Office an account of its year's activities. A series of lectures by Rev. John A. Gasson, S. J., Professor of Philosophy at the Jesuit House of Studies in Springhill, Ala. was presented. Topics were: "Integrating the Physician", being a whole person, and living on a supernatural level; "Integrating His Practice"; "Integrating Physician-Patient Relationships", and "Integrating the Patient."

The Guild has adopted as its responsibility the physical examination of children in the Catholic Schools of New Orleans.

A Library Committee makes available in the medical libraries Catholic books and articles on morals and ethics as prescribed by the Church.

THE IRISH GUILD OF ST. LUKE, SS., COSMAS AND DAMIAN will sponsor an International Congress of Catholic Doctors in Dublin from Tuesday, July 13 to Saturday, July 17, 1954. The subject for discussion will be *Demography—The Influence of World Population Trends and Problems on the*

Future of the Human Race. Such topics as *The Trend of Modern Thought on the Birth Rate*, *The Care of Infants and Children*, *The Influence of Hygiene*, *The Care of the Aged and Social Problems of Importance Concerning Humanity*. All Catholic doctors are invited to attend. Inquiries should be made to The Secretary, The Irish Guild of St. Luke, SS. Cosmas and Damian, "Veritas House," 7, Lower Abbey Street, Dublin, Ireland.

It is hoped that Obstetricians belonging to Guilds will promote the annual Obstetricians' Mass of Thanksgiving (See May issue Linacre Quarterly for details). Contact your hospital administrators now to make plans for the Mass in your hospital chapel on the Feast of the Holy Family in 1954.

REPORT OF ANNUAL MEETING OF THE FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

The annual Executive Board Meeting of the Federation of Catholic Physicians' Guilds was held in New York City, Hotel Commodore, June 3, 1953, at 9:45 a. m.

The Officers attending were:

William P. Chester, M. D., Detroit.....	President
J. J. Toland, Jr., M.D., Philadelphia.....	First Vice-President
Melvin F. Yeip, M. D., Cleveland.....	Second Vice-President
William J. Egan, M. D., Boston.....	Third Vice-President
Daniel L. Sexton, M. D., St. Louis.....	Treasurer
Rt. Rev. Msgr. D. A. McGowan, Washington, D. C.	Moderator
M. R. Kneiff, St. Louis.....	Executive Secretary
Rev. J. J. Flanagan, S. J., St. Louis.....	Editor, LINACRE QUARTERLY

Members of the Board present were:

James E. Conway, M. D., Boston	S. J. Carnazzo, M. D., Omaha
Joseph T. Webber, M. D., Bronx	L. D. Cassidy, M. D., St. Louis
James P. Casey, M. D., Bronx	A. P. Reding, Sioux Falls, S. D.
John J. Graff, M. D., Wilmington	

Guests at the Board Meeting were Rev. Ignatius W. Cox, S. J., Moderator of the Bronx Guild and Rev. Francis W. Carney, Moderator of the Cleveland Guild.

* * * * *

First order of business was appointment of the Nominating Committee for election of officers.

LINACRE QUARTERLY

Rev. J. J. Flanagan, S. J. reported on LINACRE QUARTERLY. Subscriptions now total 4,700; as of the May 1953 issue. Of this total, some 2,500 are Guild members, 350 Priests, 250 Libraries, 400 Hospitals and Nursing Schools, 400 bulk subscriptions (for medical students) and 800 miscellaneous subscribers.

Definite arrangements to include advertising in LINACRE QUARTERLY are to be made.

EXPANSION OF GUILDS

In discussing prospective Guilds, the following were named:

Vancouver, B. C.	Columbia, S. C.
Dallas, Texas	Worcester, Mass.
LaCrosse, Wisconsin	Chicago, Ill.
St. Cloud, Minnesota	Berkeley, Calif.
Milwaukee, Wisconsin	Oakland, Calif.
Tallahassee, Florida	Manhattan, N. Y.

Discussion as to inviting Dental Guilds to join the Federation led to affirmative approval. There have been no overtures to The Federation on the part of the Catholic Psychiatrists' Guild. Pharmacists Guilds would also be welcome on application for membership.

INTERNATIONAL FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

With regard to the International Federation of Catholic Physicians, Msgr. McGowan reported that correspondence has established the fact that 8 national groups assist, among which are France, Italy, Holland and Belgium and that the national dues are \$85.00 with a per capita charge of 5c per individual. Our moral support is needed very much. There are no particular membership obligations; members are active and associate. On motion made and seconded, it was voted to join the International Federation. The Central Office is to take care of the details of the transaction.

FINANCIAL AID TO CATHOLIC MEDICAL SCHOOLS

Financial aid to Catholic medical schools was again a topic of discussion. Until more national interest is shown, the members of the Board feel that at this time they cannot accept responsibility for this project, worthy as it may be.

MID-WINTER MEETING OF THE EXECUTIVE BOARD

It was decided to hold the mid-winter meeting of the Executive Board of the Federation in St. Louis, Missouri, on Monday, Dec. 1, 1953.

NEW OFFICERS

The Nominating Committee then presented the slate for election of officers. Those nominated were:

J. J. Toland, Jr., M. D.	President
Melvin F. Yeip, M. D.	First Vice-President
William J. Egan, M. D.	Second Vice-President
Daniel L. Sexton, M. D.	Third Vice-President
John J. Graff, M. D.	Secretary
Leslie D. Cassidy, M. D.	Treasurer

On motion duly made and seconded, the entire slate was approved and the above are the new officers for the Federation of Catholic Physicians' Guilds for 1953-1955.

COMMITTEE ON CONSTITUTION

The Nominating Committee also moved to change the Constitution of the Federation to include a provision for past Presidents to serve as members of the Board. A committee consisting of Dr. Sexton, Dr. Egan and Dr. Yeip was appointed to revise the Constitution to this effect.

BULLETIN—AMERICAN COLLEGE OF SURGEONS

Discussion occurred regarding an article printed in the *Bulletin of the American College of Surgeons*, Volume 38, No. 3, May-June 1953—“Indications for the Sterilization of Women.” The general opinion was that the article is unscientific. A resolution was authorized condemning same in the name of the Federation. It was voted that an article in the name of the Federation be published in LINACRE QUARTERLY.

INTERNATIONAL CONGRESS OF CATHOLIC PHYSICIANS—1954

Dr. Raymond Cross, Director of Public Relations for the International Congress of Catholic Doctors, who was in New York for the American Medical Association Convention, was guest of the Executive Board, and announced that the 6th Congress will convene in Dublin, July 13-17, 1954. Dr. Cross extended a warm invitation to all Catholic doctors to attend the Congress. It is sponsored by the Dublin chapter of the Irish Guild of St. Luke, SS. Cosmas and Damian. All inquiries should be made to the Secretary: The Irish Guild of St. Luke, SS. Cosmas and Damian, "Veritas House," 7 Lower Abbey St., Dublin, Ireland.

THE ANNUAL LUNCHEON OF CATHOLIC PHYSICIANS

The Executive Board Meeting adjourned at 12:00 noon to be followed by the Luncheon to which all Catholic doctors attending the A. M. A. were invited. The guests were addressed by His Eminence Francis Cardinal Spellman, Archbishop of New York.

Others addressing the group were Dr. Joseph B. Doyle, Boston, Mass. who invited the group to the meeting of the American Society for the Study of Sterility in New Orleans, Louisiana in 1954. On request, Reverend Ignatius Cox, S. J., through whose efforts the Federation was organized, spoke briefly on the future of the organization and of his hopes for many more Guilds.

Dr. Cross invited those assembled to visit Ireland for the International Congress in July 1954.

Monsignor McGowan set forth the purpose of the Federation and encouraged those present to assist with the formation of local Guilds to strengthen the national organization.

Representatives from 25 States, Canada, Argentina and Ireland were in the gathering.

A Message from the President...

THE DUTIES of the President of The Federation of Catholic Physicians' Guilds have been entrusted to me by your Executive Committee for the next two years. This entails considerable responsibility, but it will be a most successful term of office if the member guilds will do what they can to further the principles of Catholic Action through the medical profession.

Ideal Catholic Action is for the Catholic doctor to see that new members of the profession, many of them graduates of non-Catholic schools, are guided in the field of Catholic medicine.

Our patients must be instructed that the impact of planned parenthood, birth control and contraception may be counteracted by such practical methods as the Cana movement.

Our hospitals must be staffed by doctors who are practical moralists in medicine and the Code of Ethics of Catholic hospitals must be adhered to by the staff members. The first problem presents no difficulty due to our oath of Escupalius.

Our responsibility is to see that all Catholic physicians are enrolled in Guilds. Where Guilds do not exist, we should make every attempt to organize them. Our goal can only be reached by a large and far-flung membership. . . .
A Guild in every diocese.

As physicians our first duty is to God, our second duty is to the sick, and our third is the salvation of our own immortal souls. All three are easily accomplished by the doctor who practices moral medicine. We must have a knowledge of Catholic principles to effect our dual purpose of physician and teacher. Let us use this knowledge to serve God and teach the principles He has given us through His Holy Church. Ours is a real responsibility and we should be happy to honor it.

I sincerely hope that as your President I will have your assistance in fulfilling the responsibility that is ours.

JOSEPH J. TOLAND, JR.

President

The Federation of Catholic Physicians' Guilds



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Editor:

John J. Flanagan, S.J.

Editorial Offices:

1438 So. Grand Blvd.
St. Louis 4, Mo.

General Information

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Correspondence concerning advertising, subscriptions to the Journal and other business matters should be directed to the Acting Executive Secretary.

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